

BEST AVAILABLE COPY

CLAIMS						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/			/					
2		/		/					
3	/			/					
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5		4		/					
6		Q							
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49									
50									
TOTAL IND.	3		/						
TOTAL DEP.	11		X						
TOTAL CLAIMS	22		16						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						